

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Approved Program that contracts with Awarding Bodies to provide labor compliance enforcement

Report for the reporting period 05/01/2009 to 04/30/2010
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : Perceptive Enterprises, Inc. (PEI)

2. LCP I.D. Number (assigned by DIR): 2003.00209

3. Date of Initial Approval: May 27, 2003

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Mr. Joseph Adams, President
844 Colorado Boulevard Suite 204, Los Angeles, CA 90041
Office: (323) 254-5000 Fax: (323) 254-5000
E-mail: JAdams@PerceptiveLCP.com

5. List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP currently has a contract to provide compliance enforcement. If *none*, please proceed directly to item 7 and provide all requested information. Then complete the information below, and sign and submit this form to DIR, Office of the Director, Attn: LCP Special Assistant 455 Golden Gate Avenue, 10th Floor, San Francisco, CA 94102.

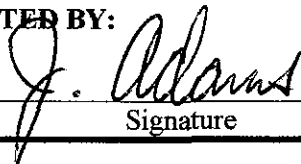
PEI acted as a LCP Third Party Administrator for the following: City of Glendale Department of Water and Power, and Montebello Unified School District.

PEI provided LCP Consultant Services for the following district's LCPs: Los Angeles Unified School District, Los Angeles County Office of Education, and California State University.

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary):

Perceptive Enterprises, Inc. has no suggestions at this time.

SUBMITTED BY:


Signature

Joseph Adams, President
Name and Title

05/25/2010
Date

LCP-AR3

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary, and *please complete separate forms for each Awarding Body covered in this report*).

Awarding Body: City of Glendale Department of Water & Power

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
Chromium 6 Treatment Facilities	May 23, 2008	AECOM	\$1,800,000.00
Total			

B. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total					

LCP-AR3

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

Project Name	Amount Assessed	Amount Recovered	Explanation
Total			

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project Name	Amount Assessed					Amount Recovered				
	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
Total										

E. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one: ☐ Yes ☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one: ☐ Yes ☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

LCP-AR3

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary, and *please complete separate forms for each Awarding Body covered in this report*).

Awarding Body: Montebello Unified School District

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
Applied Technology Center	January 6, 2010 (signed contract date)	DJM Construction Co. Inc.	\$24,167,000.00
Building Addition at Joseph Gascon Elementary School	September 10 & 17, 2009	Paul C. Miller Construction Co., Inc.	\$6,990,000.00
Total			

B. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total					

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

Project Name	Amount Assessed	Amount Recovered	Explanation
Total			

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project Name	Amount Assessed					Amount Recovered				
	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
Total										

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Project Name	Contractor	Nature of Violation	ODL Case #	Current Status

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one: ☐ Yes ☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one: ☐ Yes ☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

7. On a separate sheet, provide a certificate of compliance with conflict of interest disclosure requirements by employees and consultants who participate in making governmental decisions (as defined under 2 CCR § 18701) along with the names of LCP personnel who are filing disclosure statements and the agencies with which those statements are being filed.

8. Please update the following information per 8 CCR § 16426(a)(2), (3) and (5) disclosure requirement.

A. Identify the geographical areas in which the program intends to operate and the identity of any public agencies not previously identified in this report with which the program intends to contract to provide labor compliance enforcement.

Perceptive Enterprises, Inc. (PEI) intends to operate throughout the State of California.

B. State whether the entity shares personnel, management, ownership or other close affiliation with any of the following: (1) any contractor or subcontractor that within the preceding five years has been awarded a public works contract within the geographical area in which the program operates or intends to operate or with any public agency with which the program has contracted or intends to contract to provide labor compliance enforcement; (2) any person or entity who has been the surety on such a contract; (3) any joint labor-management committee established pursuant to the Federal Labor Management Cooperation Act of 1978 (section 175a of Title 29 of the United States Code); or (4) any person or entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

For each affiliation, please provide the name, address, telephone number, and principal contact person for the person or entity; please identify shared personnel, management, and ownership; and if applicable, please provide a short description of the nature and extent of any other close affiliation:

PEI does not share personnel, management, ownership or have a close affiliation with any (1) contractor or subcontractor, (2) surety on a contract, (3) joint labor-management committee, or (4) entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

C. Identify the attorney or law firm available to provide legal support for the LCP, and whether the persons or firms providing that support also represent any contractor, subcontractor, surety, or worker representative referred to in the preceding item.

Attorney/Law Firm Name (include address, contact person, and telephone number)

Mr. Chad T. Wishchuk

Attorney at Law: Marks, Golia & Finch, LLP

8620 Spectrum Center Blvd., Suite 900

San Diego, CA 92123-1454

(858) 737-3100

cwishchuk@mgfllp.com

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Nguyen	Nhubinh	Thuy	(323) 254-5000	
MAILING ADDRESS <i>(Business Address Acceptable)</i>	STREET	CITY	STATE	ZIP CODE
844 Colorado Blvd., Ste. 204	Los Angeles	CA	90041	OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Perceptive Enterprises, Inc.

Division, Board, District, if applicable:

N/A

Your Position:

Labor Compliance Program Third Party Administrator

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009,
through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through
December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages
including this cover page: 1

► Check applicable schedules or "No reportable
interests."

I have disclosed interests on one or more of the
attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-


☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed May 25, 2010
(month, day, year)

Signature 
(File the originally signed statement with your filing official.)

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Chan	Felisia		(323) 254-5000	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
844 Colorado Blvd., Ste. 204		Los Angeles	CA	90041
OPTIONAL: E-MAIL ADDRESS				

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Perceptive Enterprises, Inc.

Division, Board, District, if applicable:

N/A

Your Position:

Labor Compliance Program Third Party Administrator

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009,
through December 31, 2009.

-or-

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December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

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date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate Election Year: _____

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I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed May 25, 2010
(month, day, year)

Signature Felisia Chan
(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Adams	Joseph	C.	(323) 254-5000	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
844 Colorado Blvd., Ste. 204		Los Angeles	CA	90041
			OPTIONAL: E-MAIL ADDRESS	

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Perceptive Enterprises, Inc.

Division, Board, District, if applicable:

N/A

Your Position:

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Position: _____

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☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

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-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

Election Year: _____

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed May 25, 2010
(month, day, year)

Signature J. Adams
(File the originally signed statement with your filing official.)